



LEWISTON LITTLE LEAGUE
TEAM SPONSORSHIP
FORM



Yes, I would like to sponsor _____ # of teams @ \$300 each \$_____.

Thank you for your sponsorship!
Please send payment to address below.

Sponsor Name: _____ Phone: _____

Contact Person: _____

Sponsor Address: _____

Sponsor Email: _____

Player Name: _____

Player Division: _____

- **Please contact Brendan before mailing your check to add you to the sponsor list.**

Please return check(s), made payable to Lewiston Little League, to the following address:

Lewiston Little League
P.O. Box 882
Lewiston Idaho 83501

Contact:
Brendan Eilers
PH. 435-590-5604
Email: dandn09@gmail.com